



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9107

|   |   |                                |   |   |
|---|---|--------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/697,160  | <b>FILING OR 371(c) DATE</b><br>10/31/2003<br><b>RULE</b>   | <b>CLASS</b><br>701            | <b>GROUP ART UNIT</b><br>3661   | <b>ATTORNEY DOCKET NO.</b><br>66396-097 |
| <b>APPLICANTS</b><br>Thomas M. Fudali, McHenry, IL;<br>William D. Nicholson, Waukesha, WI;  |   |                                |   |   |
| <b>** CONTINUING DATA *****</b> <i>none re 6/6/06</i>   |   |                                |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <i>none re 6/6/06</i>  |   |                                |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/31/2004</b>  |   |                                |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>re</i> |   | <b>STATE OR COUNTRY</b><br>IL  | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>28               |
| Verified and Acknowledged<br>Examiner's Signature <i>re</i> Initials  |   | <b>INDEPENDENT CLAIMS</b><br>6 |   |   |
| <b>ADDRESS</b><br>McDERMOTT, WILL & EMERY<br>60013th Street, N.W.<br>Washington, DC20005-3096   |   |                                |   |   |
| <b>TITLE</b><br>Wireless communication for diagnostic instrument  |   |                                |   |   |
| <b>FILING FEE RECEIVED</b><br>1172  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |